

This is an application for an Alabama resident to become licensed as an Insurance Producer in the State of Alabama. This form must be accompanied with a fee of \$40 (\$20 application fee and \$20 license fee). Business entities must use the Application for Business Entity Producer License. Non-residents please use the NAIC Uniform Application for Individual Producer License.

Mail to: Alabama Department of Insurance
P.O. Box 830704
Birmingham, Alabama 35283-0704

Application for Individual Producer License (Alabama Residents)

(Please Print or Type)

| | | | |
|---|--------------------------------------|---|-----------------------------|
| ① Soc. Security Number | | ② If applicable, NASD Individual Central Registration Depository (CRD) Number | |
| ③ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| ④ Last Name JR./SR. etc | | ⑤ First Name | ⑥ Middle Name |
| | | ⑦ Date of Birth (month) ____ (day) ____ (year) ____ | |
| ⑧ Residence/Home Address (Physical Street) | | ⑨ P.O. Box | ⑩ City |
| | | ⑪ State | ⑫ Zip or Foreign Country |
| ⑬ Home Phone Number () - | ⑭ Gender (Circle One) Male Female | ⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization) | |
| ⑯ Business Name | | | |
| ⑰ Business Address (Physical Street) | | ⑱ P.O. Box | ⑲ City |
| | | ⑳ State | ㉑ Zip or Foreign Country |
| ㉒ Business Phone Number () - | ㉓ Business Fax Number () - | ㉔ Business E-Mail Address | ㉕ Business Web Site Address |
| ㉖ Applicant's Mailing Address | | ㉗ P.O. Box | ㉘ City |
| | | ㉙ State | ㉚ Zip or Foreign Country |
| ㉛ Assumed Business Name/Trade Name | | | |

Agency or Business Entity Affiliations

㉜ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

| | |
|--------------|----------------------|
| Fein # _____ | Name of Agency _____ |
| Fein # _____ | Name of Agency _____ |
| Fein # _____ | Name of Agency _____ |
| Fein # _____ | Name of Agency _____ |

Employment History

㉝ Account for all time for the past five years. Give all employment experience starting with your previous employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

| | From Month | Year | To Month | Year | Position Held |
|------------|---------------|------|-------------|------|---------------|
| Name | | | | | |
| City State | | | | | |
| Name | | | | | |
| City State | | | | | |
| Name | | | | | |
| City State | | | | | |
| Name | | | | | |
| City State | | | | | |
| Name | | | | | |
| City State | | | | | |

(State Use)

Application for Individual Producer License (Alabama Residents)

This is an application to become an Insurance Producer in the State of Alabama. This form must be accompanied with a fee of \$40 (\$20 application fee and a \$20 license fee).

64 Please check the line(s) of authority for which you are applying:

| | | | | |
|---|------------------------------|-----------------------------|----------------------------|------------------------|
| V – Variable Life/Variable Annuity * | L – Life * | P – Property * | C – Casualty * | CR – Credit |
| H – Accident & Health or Sickness (Disability) * | PL – Personal Lines * | A – Automobile * | BB – Bail Bond * | MC – Motor Club |
| IF – Industrial (debit) Fire * | RV – Rental Vehicle | DS – Dental Services | LS – Legal Services | |

* You must first pass an examination before filing this application for the indicated lines. Original examination results must be attached.

Background Information

65 The Applicant must read the following very carefully and answer every question:

- Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___
 “Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
 “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.
 If you answer yes, you must attach to this application:
 a) a written statement explaining the circumstances of each incident,
 b) a copy of the charging document, and
 c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
- I am familiar with the federal law (18 U.S.C. 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and understand that it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance. Yes ___ No ___
- Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___
 “Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
 If you answer yes, you must attach to this application:
 a) a written statement identifying the type of license and explaining the circumstances of each incident,
 b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
 c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
- Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___
 If you answer yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy, including in your statement whether the judgment, lien or bankruptcy involves the business of insurance and also attach your sworn affidavit confirming that your bankruptcy was not insurance related.
- Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___
 If you answer yes, identify the jurisdiction(s): _____
- Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___
 If you answer yes, you must attach to this application:
 a) a written statement summarizing the details of each incident,
 b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
 c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
- Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___
 If you answer yes, you must attach to this application:
 a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
 b) copies of all relevant documents.
- Do you have a child support obligation in arrearage? Yes ___ No ___
 If you answer yes, by how many months are you in arrearage? _____ Months
- Are you the subject of a child support related subpoena or warrant? Yes ___ No ___
 If you answer yes, you must attach an explanation to this application.

Applicant's Certification and Attestation

36 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner of Insurance to be my agent for service of process regarding all insurance matters in the State of Alabama and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either: a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the State of Alabama to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the State of Alabama and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the State of Alabama.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Notary

37 Before me, the undersigned authority, personally appeared the above named applicant, who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this _____ day of _____, 20_____.

(SEAL)

NOTARY PUBLIC

Date Commission Expires

Attachments

38 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- Check for \$40 payable to "Commissioner of Insurance, State of Alabama"
- Original Examination Results, if applicable.
- Attachments explaining "Yes" answers on page 2, if necessary.

Mail to: Alabama Department of Insurance
P.O. Box 830704
Birmingham, Alabama 35283-0704.

STATE OF _____

COUNTY OF _____

SWORN AFFIDAVIT

I, _____ under the penalty
(Name)
of perjury do hereby swear to or affirm the following facts:

1. I declared Bankruptcy or have a judgement or lien against me in the State of
_____ in the year of _____.
(State) (Year)

2. None of the debts were monies owed to insurance companies or policyholders/consumer
related to the business of insurance.

APPLICANT_____
DATE

Subscribed to and sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC_____
My Commission Expires

***PLEASE NOTE: THIS FORM MUST BE ATTACHED TO ALL FUTURE
APPOINTMENT FORMS SUBMITTED ON YOUR BEHALF TO THIS DEPARTMENT.**